STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2023) Page 1 of 8



Maddy Emergency Medical Services (EMS) Fund Report Fiscal Year 2021/22 (July 1, 2021 - June 30, 2022

I	Administering Agency	Cou	inty / Department	County Contact (Name and Title)			
		Address (Number and Street)		Phone Number			
		City	y or Post Office, State, and ZIP Code	Email Address			
II	Establishment of Fund	1a	Has the agency established the Maddy EMS Fund (Or	riginal Assessment)?	☐ Yes ☐ No		
	- unu	b	Date fund established.				
		c	Fund balance on July 1, 2021.				
		d	If the Maddy EMS Fund beginning balance on July 1, on June 30, 2021, state reason(s):	2021, differs from the previous	reported ending balance		
		2a	Has the agency established the Maddy EMS Fund (Su	pplemental Assessment)?	☐ Yes ☐ No (If no, go to #3)		
		b	Date fund established.				
		c	Fund balance on July 1, 2021.				
		d If the Maddy EMS Fund beginning balance on July 1, 2021 differs from the previou ending balance on June 30, 2021, state reason(s):			reported		
Ш	Collections of Penalty Assessments	3	Fines, penalties, and forfeitures collected under each statute.	Statute	Collections		
		a		Government Code § 76000			
		b		Government Code § 76000.5 (Only applicable if Supplemental Assessment established. See #2a.)			
		c		Vehicle Code § 42007			
		d		Total			
		4	Responsibility for collection of fines, penalties, and for	rfeitures:			
			Entity	Contact (Name and Title)			
			Phone Number	Email Address			

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2023)

Page 2 of 8



IV	Deposits into Maddy EMS	5	Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).	Statute	Deposits				
	Fund	a		Government Code § 76000 (Based on GC § 76104)					
		b		Vehicle Code § 42007					
		c		Total					
				,					
		d	If no deposits into Maddy EMS Fund, state reason(s):						
		6	Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave section blank and go to #7)	Statute	Deposits				
		a		Government Code § 76000.5					
		b		Vehicle Code § 42007					
		c		Total					
		d	If no deposits into Maddy EMS Fund, state reason(s):						
		7	Responsibility for deposit of penalty assessments:						
			Entity	Contact (Name and Title)					
			Phone Number	Email Address					
V	Maddy EMS								
	Fund Category Distributions	8	Maddy EMS Fund (Original Assessment)		1				
	Distributions				Interest and Other Deposits				
		a	Interest earned during the fiscal year.						
		b	Other deposits during the fiscal year.						
		sits and the reason(s) for the depo 8c; report these amounts on line							
		9	Total amount of funds distributed to the specified cated during the fiscal year.	egories Reserve (Optional)	Category Distributions				
		a	Administration (Admin cost equal to the lesser of actuor 10%)	al cost					
		b	Physicians/Surgeons (58%)						

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2023) Page 3 of 8



V	Maddy EMS Fund Category Distributions	c	Hospitals (25%)			
	(cont.)	d	Other Discretionary EMS (17%)			
		e	Т	otal		
		10	Maddy EMS Fund (Supplemental Assessment) (If fund r	ıot esta	ıblished, leave blank and go	o to #12)
						Interest and Other Deposits
		a	Interest earned during fiscal year.			
		b	Other deposits during fiscal year.			
		с	If other deposits were made, provide the type of deposit refunds from Physicians/Surgeons or Hospitals on line 1		* *	-
		11	Total amount of funds distributed to the specified cat during the fiscal year.		Reserve (Optional)	Category Distributions
		a	Administration (Admin cost equal to the lesser of actual cost or 10%)	ost equal to the lesser of actual		
		b	Richie's Fund (15%)			
		c	Physicians/Surgeons (58%)			
		d	Hospitals (25%)			
		e	Other Discretionary EMS (17%)			
		f	T	otal		
		12	Responsibility for category distributions:			
			Entity	Contac	et (Name and Title)	
			Phone Number E	Cmail .	Address	
VI	Expenditures & Reimbursements			Original -	Amount	
		14	Total Administration expenditures from Maddy EMS F Assessment). (If fund not established, leave blank and go to #1	ral Administration expenditures from Maddy EMS Fund (Supplemental sessment). (If fund not established, leave blank and 20 to #16a)		
			A Julia not commonly tour common and go to 11			
		15	Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)			Amount

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2023) Page 4 of 8



								ALIFORNIA	
VΙ	Expenditures & Reimbursements			Al	lowable Claims		Paid	Claims	
(cont.)		16a Total Physicians/Surgeons expenditures from Maddy EMS Fund (Original Assessment).	from Maddy EMS Fund (Original	#	\$ Amount	#	%	\$ Amount	
		b	If allowable claims were not paid during fisca	al year, J	uly 1, 2021-June 30,	, 2022, sta	te reason	(s))	
		c	Total reimbursements from Physicians/Surgeons due to collections from patient/third-party, county penalties, and settlements. Amount Reimbursement Reimburs						
				AT	lowable Claims		Poid (Claims	
		17a	Total Physicians/Surgeons expenditures	#	\$ Amount	#	%	\$ Amount	
		from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #18)							
		c	Total reimbursements from Physicians/Surg patient/third-party, county penalties, and set				Amou	int Reimbursed	
		18	Required documentation for submission. (The below documentation is part of the Maddy EMS Fund report, and must be submitted concurrently) A description of the Physicians/Surgeons claims payment methodologies.						
			A statement of the policies, procedures, and regulatory action taken to implement and adfund(s).						
			Name(s) of Physicians/Surgeons and Hospitals administrator organization, or names of specific Physicians/Surgeons and Hospital administrators contacted to review claims payment methodologies.						
			A description of the process used to solid payment distribution methodology.	cit input f	from Physicians/Sur	geons and	d Hospita	ls to review	
			An identification of the fee schedule used	d by the c	county.				
		19	Responsibility for claims payments to Physic	ians/Surg	geons:				
			Entity		Contact (Name and	Title)			
		Phone Number	F	Email Address					

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2023) Page 5 of 8



VI	Expenditures & Reimbursements (cont.)	20a	Indicate if Hospital claims are paid on a clair EMS Fund (Original Assessment).	ns basis	for the Ma d dy		☐ Yes ☐ No (If no, go to #20d)			
				Alle	owable Claims		Paid C	laims		
				#	\$ Amount	#	%	\$ Amount		
		b	Total Hospitals expenditures.							
		c	If allowable claims were not paid during fisca	al year, J	uly 1, 2021-June 30	, 2022, stat	e reason((s):		
		d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis.					Amount		
			Leave blank and go to #21e)							
		e	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.					Amount Reimbursed		
	2		Indicate if Hospital claims are paid on a clain EMS Fund (Supplemental Assessment). (If fi and go to #22)		☐ Yes ☐ No (If no, go to #21d)					
				Alle	s Amount	#	Paid C	\$ Amount		
		b	Total Hospitals expenditures.	TT .	\$ Amount	π	70	5 Amount		
					,					
		c	If allowable claims were not paid during fiscal year, July 1, 2021-June 30, 2022 state reason(s):							
		d	Direct disbursement to Hospitals. (N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)							
			Amount Reimbursed							
		e	Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.							
		22	ocumentation is part of	of the Maddy EMS Fund report, and must						
			be submitted concurrently) A description of the hospitals payment methodologies.							
		23	Responsibility for claims payments to Hospit	als:						
		-	Entity		Contact (Name and	Title)				
			Phone Number		Email Address					

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev.02-2023) Page 6 of 8



VI	Expenditures & Reimbursements	24a	Amount	
	(cont.)		Assessment).	
		b	Description of other EMS services provided:	
		25a	Total Other Discretionary EMS expenditures from Maddy EMS Fund	Amount
		2011	(Supplemental Assessment). (If fund not established, leave blank)	
		b	Description of other EMS services provided:	
			•	

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2023) Page 7 of 8

Date



VII Fund Summary

Maddy EMS Fund (Original Assessment)

		Available Funds f	or Distribution		Fund Total
	Balance on July 1,2021		(1c)		
	Deposits for July 1, 2021-June 30, 2022		(5c)		
	Interest for July 1, 2021-June 30, 2022		(8a)		
	Other Deposits for July 1, 2021-June 30, 2022		(8b)		
	Distributions/Expenditures	Category Distributions	Reserve (Optional)	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
	Administration (Admin cost = to lesser of actual cost or 10%)	(9a)			(13)
	Physicians/Surgeons (58%)	(9b)	(9b)		(16a)
	Hospitals (25%)				(20b Pd)
		(9c)	(9c)		(20d)
	Other Discretionary EMS (17%)	(9d)	(9d)		(24a)
	Total	(9e)	(9e)		
	Preliminary Fund Balance (Fund Total - Total Expenditures)				
	Reimbursements				
	Physicians/Surgeons		(16c)		
	Hospitals		(20e)		
	Ending Balance for Total Available Funds as of June 30, 2022				
Available					
Avanable	Signature of Maddy EMS Fund Adn	ninistrator	Email Address		
	Printed Name		Title		

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY EMSA 801 (Rev. 02-2023) Page 8 of 8



VII Fund Summary (cont.)

Maddy EMS Fund (Supplemental Assessment)

	Available Funds for Distribution			Fund Total
Balance on July 1, 2021		(2c)		
Deposits for July 1, 2021-June 30, 2022		(6c)		
Interest for July 1, 2021-June 30, 2022		(10a)		
Other Deposits for July 1, 2021 - June 30, 2022		(10b)		
Distributions/Expenditures	Category Distributions	Reserve	Available Funds for Disbursement (Category Distributions - Reserve)	Expenditures
Administration (Admin cost = to lesser of actual cost or 10%)	(11a)			(14)
Richie's Fund (15%)	(11b)			(15)
Physicians/Surgeons (58%)	(11c)	(11c)		(17a)
Hospitals (25%)				(21b Pd)
	(11d)	(11d)		(21 d)
Other Discretionary EMS (17%)	(11e)	(11e)		(25a)
Total	(11f)	(11f)		
Preliminary Fund Balance (Fund Total - Total Expenditures)				
Reimbursements				
Physicians/Surgeons		(17c)		
Hospitals		(21e)		
Ending Balance for Total Available Funds as of June 30, 2022				
Signature of Maddy EMS Fund Admin	istrator E	mail Address		
Printed Name		Title		
Date				